A STUDY TO ASSESS THE LEVEL OF SATISFACTION AMONG MOTHERS REGARDING ANTENATAL SERVICES PROVIDED THROUGH ASHA IN SELECTED VILLAGES IN RANCHI.

BY

30093632

A DISSERTATION SUBMITTED TO THE TAMILNADU Dr.M.G.R. MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SCIENCE IN NURSING

APRIL – 2011

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"Trust in the Lord with all thy heart and learn not in thy own understanding.
Acknowledge Him in all your ways and He shall direct your paths. "
Proverbs 3:5,&6

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CHAPTER – I

INTRODUCTION

BACK GROUND OF THE STUDY

Antenatal care refers to pregnancy related health care provided by a doctor or a health worker in a medical facility or at home. Ideally antenatal care should monitor a pregnancy for signs of complications detect and treat preexisting and concurrent problems of pregnancy. It should also provide advice and counseling on preventive care, diet during pregnancy, delivery care, postnatal care and related issues. Antenatal care is necessary for ensuring a healthy mother and baby at the end of gestation. Antenatal care and registration receive priority among all health care services. It is usually incorporated in to the maternal and child health care services.

Quality maternal health services should be accessible and available as possible to where women lives, are acceptable to the potential users and responsive to social and cultural norm, Provide comprehensive care and linkage to other reproductive health services, Provide for continuity of care and follow up, delivered by technically competent and non-judgmental healthcare workers, give information and counseling for mothers on their health and health care needs and Involve the client in decision making and see clients as partners in health care and active participants in protecting their own health.

Maternal health care delivery is a large entity which demands holistic and comprehensive approach. Large number of public health doctors, nurses, ASHAs, other auxiliary health workers are involved round the clock to meet those criteria.

The Government of India launched the National Rural Health Mission (NRHM) in 2005. The aim was to provide accessible, accountable, affordable, effective and reliable primary

health care, especially to the poor and vulnerable sections of the population. The Mission envisages equitable, and quality health care services to rural women and children in the country with greater emphasis on 18 highly focused states. It adopts a synergistic approach by encompassing non-health determinants that have a bearing on health such as nutrition, sanitation, and safe drinking water. The mission aims to achieve greater convergence amongst related social development sectors.

One of the core strategies proposed, to accomplish the goals, was to have a female Accredited Social Health Activist (ASHA) for every village with a 1,000 population. It was suggested that ASHA would be chosen by and would be accountable to the Panchayat. She would act as an interface between the community and the public health system. As an honorary volunteer, ASHA would receive performance-based compensation for promoting variety of primary health care services in general and reproductive and child health services in particular such as universal immunization, referral and escort services for institutional deliveries, construction of household toilets, and other healthcare interventions.

ROLES & RESPONSIBILITIES OF ASHA

ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She would be a promoter of good health practices.

She will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals.

Her roles and responsibilities in providing maternal services is as follows:

- She will counsel women on birth preparedness, importance of safe delivery, breastfeeding and complementary feeding and immunization and contraception
- Prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infection
- Mobilize the community and facilitate them in accessing health and health related services available at the village/sub-center/primary health centers, such as Immunization, Ante Natal Check-up (ANC), Post Natal Check-up (PNC), ICDS, sanitation and other services being provided by the government like Janani Surakhs Yojana
- She will arrange escort/accompany pregnant treatment/admission to the nearest pre-identified health facility i.e. Primary Health Centre/Community Health Centre/ First Referral Unit (PHC/CHC /FRU).
- She will also act as a depot holder for essential provisions being made available to every habitation like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet (IFA),chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc

The general norm is 'One ASHA per 1000 population'. In tribal, hilly, desert areas the norm could be relaxed to one ASHA per habitation, dependant on workload etc.

ASHA must be primarily a woman resident of the village - 'Married/Widow/Divorced' and preferably in the age group of 25 to 45 yrs. ASHA should have effective communication skills, leadership qualities and be able to reach out to the community. She should be a literate woman with formal education up to Eighth Class. This is relaxed in some states like Jharkhand. Adequate representation from disadvantaged population groups should be ensured to serve such groups better.

According to the guidelines Auxiliary Nurse Midwife (ANM) will Guide ASHA in performing important services on maternal health. She will hold weekly / fortnightly meeting

with ASHA and discuss the activities undertaken during the week / fortnight. She will guide her in case ASHA had encountered any problem during the performance of her activity. ANMs will act as a resource person for the training of ASHA. ANMs will inform ASHA regarding date and time of the outreach session and will also guide her for bringing the beneficiary to the outreach session. She will take help of ASHA in updating eligible couple register of the village concerned.

She will utilize ASHA in motivating the pregnant women for coming to sub centre for initial checkups. She will also help ANMs in bringing married couples to sub centers for adopting family planning. ANM will guide ASHA in motivating pregnant women for taking full course of IFA Tablets and TT Injections etc. ANMs will orient ASHA on the dose schedule and side effects of oral pills. ANMs will educate ASHA on danger signs of pregnancy and labour so that she can timely identify and help beneficiary in getting further treatment.

So it is clear that a successful implementation of the ASHA program there should be proper integration with nurses. Nurses can and should act as resource personnel during the training and molding of ASHA workers. With adequate assistance from ASHA the public health system can deliver accessible, accountable, affordable, effective and reliable primary health care, especially to the poor and vulnerable sections of the population. It is needless to say that ASHAs compliment the work of community nurses or the public health system as a whole.

NEED FOR THE STUDY

The present scenario show astounding facts about the maternal health situation in India. In India, infant child mortality (especially neonatal mortality) and maternal mortality are high. Seven out of every 100 children born in India die before reaching age one (Dyson et al.

2004),, and approximately five out of every 1,000 mothers who become pregnant die of causes related to pregnancy and childbirth (MOHFW 2005). India accounts for more than one-fifth of all maternal deaths from causes related to pregnancy and childbirth worldwide (WHO 2004b).

Every year, about 78,000 mothers die in childbirth and from complications of pregnancy in India, according to the United Nations Children's Fund (UNICEF). The figure illustrates how poor women in rural India have largely been left behind by India's economic boom which has lifted millions of people out of poverty.

India's maternal mortality rate stands at 450 per 100,000 live births, against 540 in 1998-1999. The figures are way behind India's Millennium Development Goals which call for a reduction to 109 by 2015, according to UNICEF. UNICEF's 2009 State of the World's Children report, which was released in January, said India's fight to lower maternal mortality rates is failing due to growing social inequalities and shortages in primary healthcare facilities. Millions of births are not attended by doctors, nurses or trained midwives, despite India's booming face-lifting economy which grew at nearly 9 percent in the past years.

Paul and vinodh (2007) analyzed that a quarter of the world’s unattended deliveries takes place in India. India is currently seeking to address the problem by encouraging facility based care with financial incentives. The study also pointed out that adequate nutrition for women, including increased food intake and micro nutrient supplementation, is critical to the health and survival of mothers and newborn. Gaining the confidence of pregnant women through such programmes can be useful way to encourage their continued attendance for other forms of professional antenatal care. The gap in the risk of maternal deaths between the

industrialized world and many developing countries particularly the least developed is often termed as the “greatest health divide in the world”.

According to the report submitted by United Nations Children’s Fund (2008) Africa and Asia accounts for 95% of the worlds maternal deaths, with particularly high burdens in sub Saharan Africa (50%) and south Asia, which is predominantly India.

Dileep et al (2008) examined that for politicians, health is a low priority. Government expenditure on health has been a mere 0.9% of GDP, 6 while a large percentage of the budget is spent on defense, un-targeted subsidies and non-vital infrastructure. No political party has maternal health on its priority agenda. Hardly any questions are asked about maternal deaths in the parliament or state legislatures. Mass media has also ignored maternal health. With a population of roughly 1.1bilion, broad environmental and sociocultural diversity and an intricate political system comprising 28 states and 7 union territories, India’s efforts to manage its citizen’s health care have been largely decentralized. The government of India has emphasized expanding primary health care, which is by constitution, under the preview of the states. To address this widening disparities the government of India has taken the initiative such as Janani Suraksha Yojana, government sponsored project under NRHM that provides cash incentives for antenatal care during pregnancy, assisted institutional delivery and post partum care by field workers like ASHA and ANM.

According to the follow up study undertaken in selected districts in Rajasthan in 2007-2008 by Sharma and Ramakant, Janani Suraksha Yojna has increased access to antenatal and post natal care.

Nandan et al did a study to review the implementation status of the ASHA programmes in Jharkhand and suggest suitable measure for its effective implementation. About 88.6 percent of women received ANC during last pregnancy; 86 percent of them registered with ANMs and around 89 percent of received TT during her antenatal check-ups. ASHA helps the women in getting medicine, gives immunization for their children and helps women get coupons under the Janani Surkhsa Yojna JSY

Sugathan et (2001) all did a study to examines the role of existing antenatal-care services in promoting institutional delivery in rural areas of four Indian states. The results indicate that, even after statistically controlling other factors, mothers who received antenatal check-ups are two to five times more likely to give birth in a medical institution than mothers who did not receive any antenatal checkups. Given that distance to a hospital does not have a significant effect on institutional delivery, it may not be necessary to create new hospitals (at least not for the purpose of encouraging institutional delivery), but rather to focus on expanding the availability and quality of services at existing facilities, as well as counseling and educating mothers about the importance of giving birth in medical institutions under the supervision of trained professionals.

Bella et al (2007) did a study to find out the effectiveness of JSY program in Rajasthan. It was found that Most of the women were satisfied with JSY and would recommend relatives or friends/neighbors to be a beneficiary under the JSY, mainly because they did receive cash on filling up form to meet expenses incurred at hospital. Besides, they had safe delivery in the hospital. ASHAs accompanied 18 percent of the women to the health institution for delivery. Out of the 31 JSY beneficiaries accompanied by ASHA, most (90 percent) said that the presence of ASHA facilitated in obtaining services at the place of delivery. They helped

in expediting registration and other administrative activities, spoke to the medical personnel, and helped in getting JSY cash incentive, besides psychological and moral support.

Kumar et al (2009) conducted a study in the State of Uttar Pradesh and found out that service delivery capacity of the public health system has increased at each level. It is also found that Outdoor Patient visits have increased at all three levels, though with variation. The maximum improvement is found at the PHC (129%) level followed by almost similar increase (86%) at the district and CHC level. The main beneficiaries of indoor services at each level were invariably women followed by children and men respectively. So from the above discussion it is evident that the ASHAs role in implementing the key elements of NRHM is in evitable. This study seeks to go into the client's perception of the services provided by ASHA. Since ASHAs are change agents in their own villages there is a concern to investigate the acceptance and level of satisfaction regarding ASHA.

Public health nurses' role has sometimes been in the clutch of the traditional notion that nurses are concerned only in the institutional care. Nurses being the largest work force in health care delivery system have a responsibility to find out the effectiveness of national health agendas like NRHM. Nurses should also take up roles in training ASHAs to add the spice of human touch to the services provided as there is no profession in the health system as nurses so sensitive to the human dignity. When the public health epidemiologists and social scientists evaluates the success of any national health program based on outcome indicators or numbers explaining the fall or rise of an event or disease , this study ventures out seek the acceptance and interpersonal dynamics between the health care provider and the beneficiaries. The investigator makes an attempt to find the influence of factors like caste, religion, educational status in health care delivery.

STATEMENT OF THE PROBLEM

'A study to assess the level of satisfaction among the mothers regarding antenatal services provided through ASHA in selected villages in Ranchi'.

OBJECTIVES

1. To determine the level of satisfaction of mothers regarding antenatal services provided by ASHA.
2. To find the association between the level of satisfaction among mothers and their selected demographic factors.

HYPOTHESIS

H_1 : There will be a significant association between the level of satisfaction and selected background factors of mothers who received antenatal services through ASHA

OPERATIONAL DEFINITIONS

1. Satisfaction: Refers to verbal expression of happiness, sense of wellbeing regarding antenatal services received during antenatal period from ASHA. For the purpose of the study level of satisfaction was classified as following:

- Not satisfied –level of satisfaction below 50%
- Partially satisfied - level of satisfaction between 50-75%.
- Fully satisfied –level of satisfaction above 75%.

2. Antenatal Services: Selected services rendered by ASHA in meeting the needs of the mother during antenatal period

3. ASHA: Accredited Social Health Activist)a trained health worker acting as an interface between the community and public health system who provides antenatal services.

4. Mothers: Mothers with children up to 6 months of age who had institutional delivery .

ASSUMPTIONS

- The services provided by the ASHA during antenatal period may or may not be effective to meet the individual needs of the mothers and children.
- The tool administered will be sufficient to assess the role of ASHA in antenatal care and the level of satisfaction of mothers.
- Mothers will have different levels of satisfaction with regard to antenatal services received from ASHA

DELIMITATIONS

- The study will be limited to mothers residing in selected villages in Ranchi.
- The sampling technique used in the study is convenience sampling which limits generalization.
- Only structured interview schedule is used for collecting data

CONCEPTUAL FRAME WORK

A conceptual frame work is an organized phenomenon which deals with concepts that are assembled by virtue of their relevance to common theme. Conceptual schemes use concepts as building blocks. Conceptual frame work can serve to guide research which will further support theory development. The conceptual model attempts to represent reality with its minimal use of words.

The present study has used Donabedian's frame work (1988) which is widely used for evaluating the health programs using the components of structure process and outcome.

Structure: Refers to value identification, serves to define the beliefs of humanity, description of the client, considered to provide quality service. In this study the structure refers to the background factors such as age, religion, caste, educational status, type of family of the client caste, educational status and marital status of ASHA who rendered the services and distance from home to the health care facility and type of health care facility.

Process: It refers to quality of care given by the service providers to the clients. In this study process refers to services provided by ASHA like identification, health information, clinic and medication, benefits, transportation and emotional care.

Outcome: Refers to the end result of the services provided, whether services have most effect and which services are primarily responsible for causing changes in client status. In this study outcome refers to specific services provided by ASHA received by the mothers in terms of their level of satisfaction. Which is measured as:-

- Not satisfied –level of satisfaction below 50%
- Partially satisfied - level of satisfaction between 50-75%.
- Not satisfied –level of satisfaction above 75%.

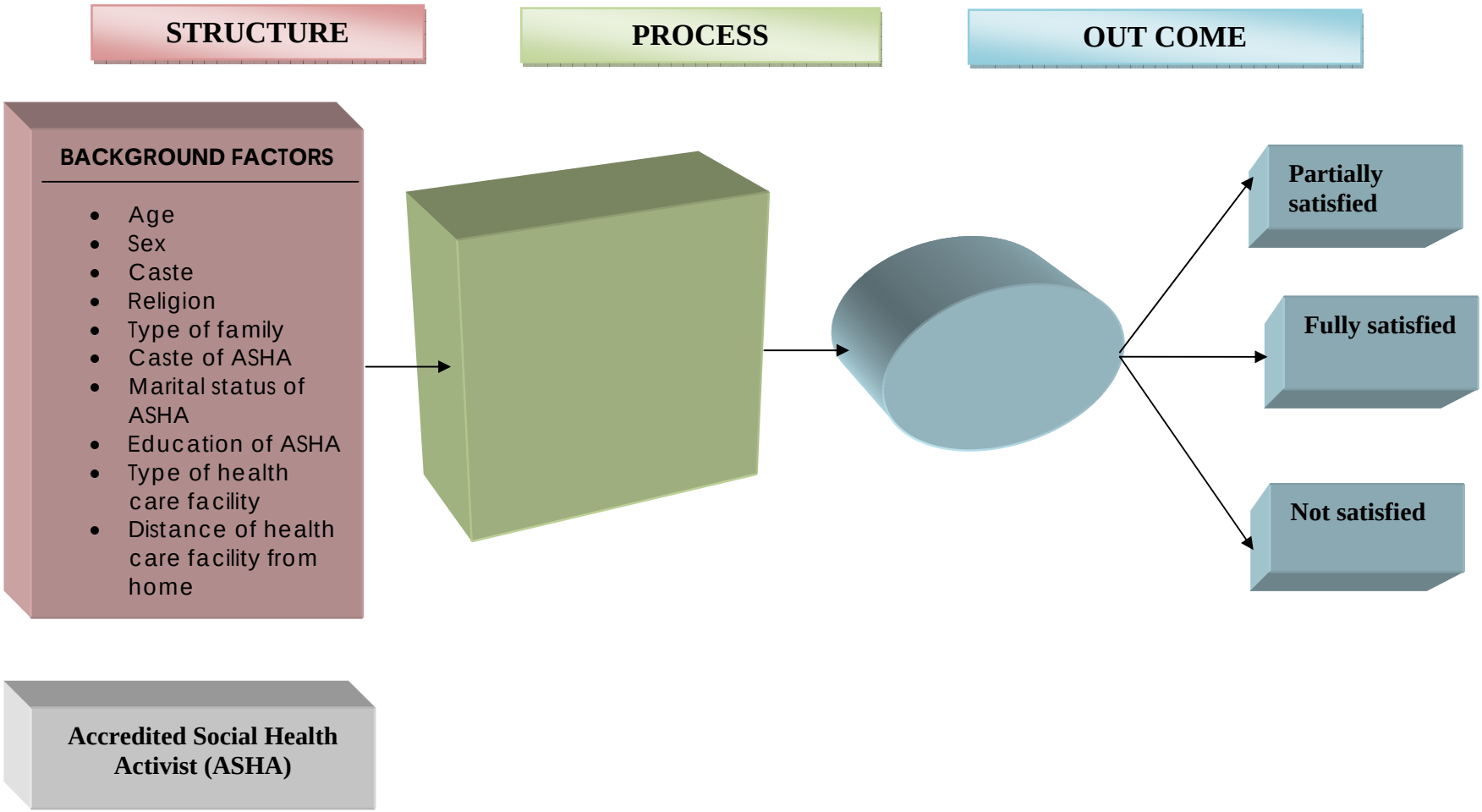

Figure -1 CONCEPTUAL FRAMEWORK BASED ON DONABEDIAN'S FRAME WORK (1988)

CHAPTER – II

REVIEW OF LITERATURE

Review of literature is an essential component for a worthwhile study in any field of knowledge. It helps the investigator to gain information on what has been done previously and to gain deeper insight into previous research problem. It also helps to plan and conduct the study in a systematic way.

Review of literature in this study is systematically classified under the following headings.

3. Studies related to maternal health and services in general
4. Studies related role of ASHA in maternal health outcome.

1. STUDIES RELATED TO MATERNAL HEALTH AND SERVICES IN GENERAL

Anita .et al (2010) did a community based cross sectional study to assess the pattern of deliveries in rural areas of Jhajjar district, Haryana. Assuming 50% institutional deliveries, at 95% confidence level with 10% allowable error; the calculated sample size was 400 women who delivered within 12 months prior to the time of study. Data was collected using a semi-structured interview schedule from study subjects by door-to-door survey. The findings of the study show that 227(56.7%) mothers had institutional deliveries. Among home deliveries 173(43.3%), attending personnel were: 30(17%) untrained dais, 103(59%) trained dais; 19% health personnel and 5% others. Illiteracy, poverty, no accompanying person, lower castes, inadequate antenatal check-ups, previous home delivery etc. were significantly associated with home deliveries. 50% mothers considered that institutional deliveries were not necessary.

Sagir, et.al., (2009), conducted a study to assess the utilization of maternal and child health services in Udupi, Karnataka. One sub center was randomly selected using the lottery method and 185 mothers who were present during the door to door survey were selected around the sub center for the study. Mothers who delivered within 5 years prior to the study were selected. A pre-tested questionnaire was used to collect data. The findings revealed that 166(90%) women made at least 3 antenatal visits and 96% of them had institutional delivery. Majority of the mothers used private health facilities (71.4%) for ANC, 5% approached private consultants and 18% utilized the government facilities. Majority of the mothers (81%) chose private hospitals for their delivery, while 15.1% went to government hospitals and 3.9% had home deliveries.

Neena .et al (2009) conducted a study to find the site of antenatal care in Mumbai over a period of two years (2005-07) . The study setting was in vulnerable areas in terms of having high proportions of social risk indicators (unemployment, groups in difficult circumstances, substandard housing), environmental indicators (open drainage, informal water supply, informal electricity supply) and health service utilization indicators (infrequent interaction with community health volunteers, home deliveries). Of 92 possible areas, 48 were selected randomly in strata of eight per ward. Each area contained 1000–1500 households. Births were identified by 99 locally resident women, generally two per surveillance area, and each covering an average of 600 households. Events were confirmed by 12 interviewers, responsible for four areas each, who visited mothers at home and arranged interviews at around 6 weeks after delivery. Interviews had a predominantly closed format, with questions on demography, socioeconomic factors and antenatal and delivery care. The findings showed that in Mumbai there were 879 home births; 205 (23%) of these women did not receive antenatal care, 415(47%) received antenatal care in the public sector and 259(29%) in the private sector.

Keerthi .et al (2009) did a study to investigate the cause of death (n=156) of women aged 15-49 years in a block of southern Rajasthan. Family members of 156(98%) out of 160 deceased women were interviewed with Five questionnaires which included a general information form, one form each for pregnancy-related death, death due to illness, and injury-related death, and a form for care-seeking. The study revealed that out of 156 deaths, 31(20%) was due to pregnancy related complications; 75%of these women died in post partum period and 74% occurred at home. Direct and indirect obstetric causes were responsible for 58% and 29% of the deaths respectively; 12% were injury-related deaths. Medical care was sought for 65% and 29% were hospitalized. However the major barrier for seeking care was family not able to afford treatment in distant hospitals.

Amardeep (2008) conducted a survey to analyze the choice of place for delivery in Maharashtra. Method used for Data collection was Cross sectional analyses of the National Family Health Survey – 2 dataset. The dataset had a sample size of 5391 married females between the ages of 15 to 49 years. Data were abstracted for the most recent birth (n = 1510) and these were used in the analyses. Conceptual framework used for the study was the Andersen Behavioral Model. Multinomial logistic regression analyses was conducted to assess the association of predisposing, enabling and need factors on use of home, public or private sector for delivery. The findings shows that majority mothers delivered at home 559(37%); private institution 493(32%) and public institution 454(31%). The study also revealed the that the major contributing factor for selecting a government institution for delivery was increasing maternal age, greater media exposure and more that 3 antenatal visits.

Lourde Mary (2008) conducted a study to assess the level of satisfaction among mothers on maternal and child health services provided by community health nurses. Data was collected from 125 mothers using a structured interview schedule. Majority of the mothers belonged to the age group of 21-25 years, were literate and were house wives. Findings revealed that 75% mothers reported that the services were adequate and 6.4% have felt that

services are inadequate. The overall satisfaction of mothers regarding services shows that 69.6% mothers were fully satisfied, 25% mothers were partially satisfied and 6% of mothers were not satisfied. The study shows that activities carried out by community health nurses were adequate.

Mullany .et al (2008) did a study to find out the accessibility of maternal services to vulnerable communities in east Burma. Data was collected from 2,889 women. The study revealed that 61% of women were anemic and 19.3% were malnourished. Eighty-eight percent of women reported a home delivery for their last pregnancy (within previous 5 y). Skilled attendance at birth (5.1%), any (39.3%) or less than 4 (16.7%) antenatal visits, use of an insecticide treated bed net (21.6%), and receipt of iron supplements (11.8%) were low. At the time of the survey, more than 60% of women had hemoglobin level estimates _ 11.0 g/dl and 7.2% were Plasmodium falciparum positive. Unmet need for contraceptives exceeded 60%.

Manju .et al (2007), investigated on the socioeconomic differentials in quality of antenatal care in four south Indian states based on number of antenatal visits, index of clinical information and interpersonal quality of care. The data from the National Family Health Survey-2 (NFHS-2), implemented nationwide between November 1998 and December 1999, were used in this study. The women who delivered 6 months preceding the survey were only selected. The final Sample size was 840 women from the four south Indian states (Andhra Pradesh, Karnataka, Kerala and Tamil Nadu) and 2970 women from the four north Indian states (Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh).The results of the study revealed that quality of care in both north and south Indian states were below desired level. Only 40% of the women who received antenatal care in the North compared with 87% in the South reported their blood pressure being measured during antenatal visit. Less than one-third of the women in the North reported their weight being measured in at least one of the visits compared with 80% in the South and in other services like blood examination (40 versus 79%)

and urine examination (38 versus 77%). Only 23% of the women in the North and 44% of women in the South reported receiving information on danger signs during pregnancy and delivery care.

Nisar and Amjad (2007) measured the pattern of antenatal care given to pregnant mothers and their level of satisfaction regarding services in Hyderabad sindh. Data was collected from 161 women using a semi-structured questionnaire and a standard checklist of antenatal care based on WHO. The variables included in the study were socio demographic factors, maternal and child health variables and level of satisfaction related to the services. The findings revealed that 63% were dissatisfied with getting medicine, 73% did not receive full tetanus immunization. Only 31% received advices related to antenatal care, 46% received advices about importance of exercise and 36% were given emotional support during pregnancy. The overall satisfaction scores reveal that 50% of women were dissatisfied with the services provided. The reasons attributed to high level of dissatisfaction were long waiting time, inadequate medicine supply and incomplete tetanus vaccination.

Sinhababu et al (2006) conducted a community based cross-sectional study on utilization and quality of coverage of antenatal services among women of Anchuri Block in the district of Bankura, West Bengal. The main objective of the study was to find the determinants of utilization and coverage quality of antenatal care services of subcentres using an appropriate scoring system for analysis. Data was collected from 360 mothers using interview method. The study revealed that 20.7% women preferred private institutions for maternal care, 0.8% women did not utilize any sources for antenatal care. The main reason for under utilization of sub centers was found to be better service provision and easy accessibility of the nearby B.S. Medical College Hospital. Multiparous mothers were seen to be at a disadvantage both in terms of utilization of the source of choice as well as in terms of coverage of ANC services by sub centre ANMs.

Kajuri et al (2005) conducted a study on women's satisfaction with antenatal care at primary health care center at Iran. The 460 subjects (including 338 pregnant and 122 postpartum women) were determined by census, and the data collection tool was a questionnaire, and the research was performed in 54 primary health care centers. The focus of study was on the trivial aspects like women satisfaction with antenatal visit schedule, the accessibility of the center for receiving antenatal care and method of communication and information women received during antenatal care. The findings of the study showed that 89.8% of the women had very high or high satisfaction with the prenatal care schedule while 10.2% of them had low or very low satisfaction; 79.8% were very highly/ highly satisfied with the accessibility of prenatal care, while 20.2% of them had low/very low satisfaction; 93.6% of them were very highly/highly satisfied with the method of communication in prenatal care while 6.4% had low/very low satisfaction; and 60.2% of the mothers had very low/low satisfaction with the information they received during prenatal care, while 39.8% of them were very highly and highly satisfied. House wives and employees were more satisfied with antenatal care schedule than others (p=0.004) and satisfaction was higher among primi gravida mothers (p=0.035) and younger women were more satisfied with the accessibility of prenatal care than older women (p=0.027).

2. STUDIES RELATED TO THE ROLE OF ASHA IN MATERNAL HEALTH SERVICES.

Nandi et al (2010) did a study to assess the ASHA referral system in Chhattisgarh. The setting of the study was two blocks of Chhattisgarh. A total of 47 ASHAs and 77 beneficiaries from 14 villages were the interviewed using a semi-structured interview schedule. The study found that ASHAs had played a vital role in referral services. There was a striking rate of 95% referral by ASHA to the public health facility, among which 80% were women and in that 25% were for delivery. The ASHA accompanied the beneficiaries in 58% of cases and ASHA stayed in the facility with 95% of cases. Another important finding was that ASHAs gave treatment for 34% of cases before any referral.

Mukhurjee (2010) examined the effectiveness of NRHM in achieving all the goals. The study seeks to find the adequacy of NRHM in terms of ten important parameters; among which the fifth one was regarding coordination of ASHA with the community. A sample of 100 rural doctors from Orissa, Assam, Jharkhand and Chhattisgarh was interviewed with questionnaires based on these 10 different parameters. All questions in the questionnaires were in 5 point-Likert Scale. Regarding the aspect of role of ASHA the major areas assessed was coordination with village community, ANM and anganwadi workers, promotion of universal immunization, referral services, promotion of self help groups, implementation of Janani Suraksha Yojna and maternal health care. The findings revealed that regarding the role of ASHA there is significant association between the services provided by ASHA and development in the health infrastructure of the community(p=.027).

A study was conducted by Kumar et al (2009) to analyze the utilization of health services under the national rural health mission. Data was collected from outpatient and inpatient registers of district hospital, community health centers and primary health centers. The sampling method used was multistage purposive random sampling. The study revealed that there was tremendous increase in the inflow of patients in PHC (129%) and CHC (86%). Women and children were found to be the most benefited group for inpatient services.

UNFPA (2009) did a concurrent assessment of Janani Surakhsha Yojna in selected states in India. The assessment study employed quantitative research methods to collect data from the beneficiaries of JSY in the five states during the year prior to the survey. The survey was conducted in the rural areas of the five states and covered a sample of 1,200 mothers in each state who had delivered between January and December 2008. A three-stage sampling design was adopted to select the mothers. One of the major objectives of the study was to assess the involvement of ASHAs in JSY. The study revealed that in Orissa around 91 per cent of the mothers were given advice by the ASHAs for institutional deliveries, followed by Uttar Pradesh (84 per cent), Bihar (74 percent) and Rajasthan (64 per cent). In Madhya Pradesh, the ASHAs were found to give such advice to only 36 per cent of the mothers.

Nandan et al (2008) did a study to find the effectiveness of ASHA programme in Jharkhand. Out of 360 women interviewed using a semi structured interview schedule 87 (24.2%) said they have heard of ASHA and 80(92.2%) who knew about ASHA could recognize ASHA within the hamlet. Among the women who knew ASHA (40%) were advised to go to government institution for delivery, 27 women got advice on breast feeding, 11 on family planning and 17 on diet during pregnancy. Around 19 percent went for institutional delivery.

Among those mothers who received those women who received PNC, 88 % got their health checked by a doctor, while 9 % received health check -ups by ANMs/nurses.

Bella et al (2007) did a study to find out the effectiveness of JSY program in Rajasthan. It was found that Most of the women were satisfied with JSY and would recommend relatives or friends/neighbors to be a beneficiary under the JSY, mainly because they did receive cash on filling up form to meet expenses incurred at hospital. Besides, they had safe delivery in the hospital. ASHAs accompanied 18 percent of the women to the health institution for delivery. Out of the 31 JSY beneficiaries accompanied by ASHA, most (90 percent) said that the presence of ASHA facilitated in obtaining services at the place of delivery. They helped in expediting registration and other administrative activities, spoke to the medical personnel, and helped in getting JSY cash incentive, besides psychological and moral support.

CHAPTER – III

METHODOLOGY

The present study is aimed at assessing the satisfaction regarding antenatal services rendered to the mothers by the Accredited Social Health Activist (ASHA). This chapter includes the research approach, research design, variables, setting, population, sample, sample size, sampling technique, sampling criteria, selection of the tool, development of the tool, description of the tool, content validity, tryout, reliability, pilot study, data collection procedure, plan for data analysis and ethical consideration.

RESEARCH DESIGN

Based on the problem the researcher selected descriptive study as research approach.

Mayor specified that descriptive study provides detailed factual information that describes existing phenomenon, leads to identification of problems with justification for current condition and practices, and form a basis for making judgment is particularly suitable for conducting the early stages of comprehensive programme evaluation.

Therefore descriptive study method was most appropriate method to explain the level of satisfaction of the mother.

The research design provides the backbone structure of a study. It determines how a study will be organized, when data will be collected. The research design is also a statement of commitment by the researcher to organize a study in a certain way defending the advantages of doing so while being aware of and cautions about the potential disadvantages, maximize

objectivity in study protocol implementation and data collection and use generally accepted methods of inquiry that safeguard researchers from drawing incorrect inferences and conclusions from their investigations.

The schematic research design included the population of study , selection of the sample from the definitive population, size of the sample, setting, data collection technique, data analysis and interpretation, variables of study and criteria measures.(figure-2)

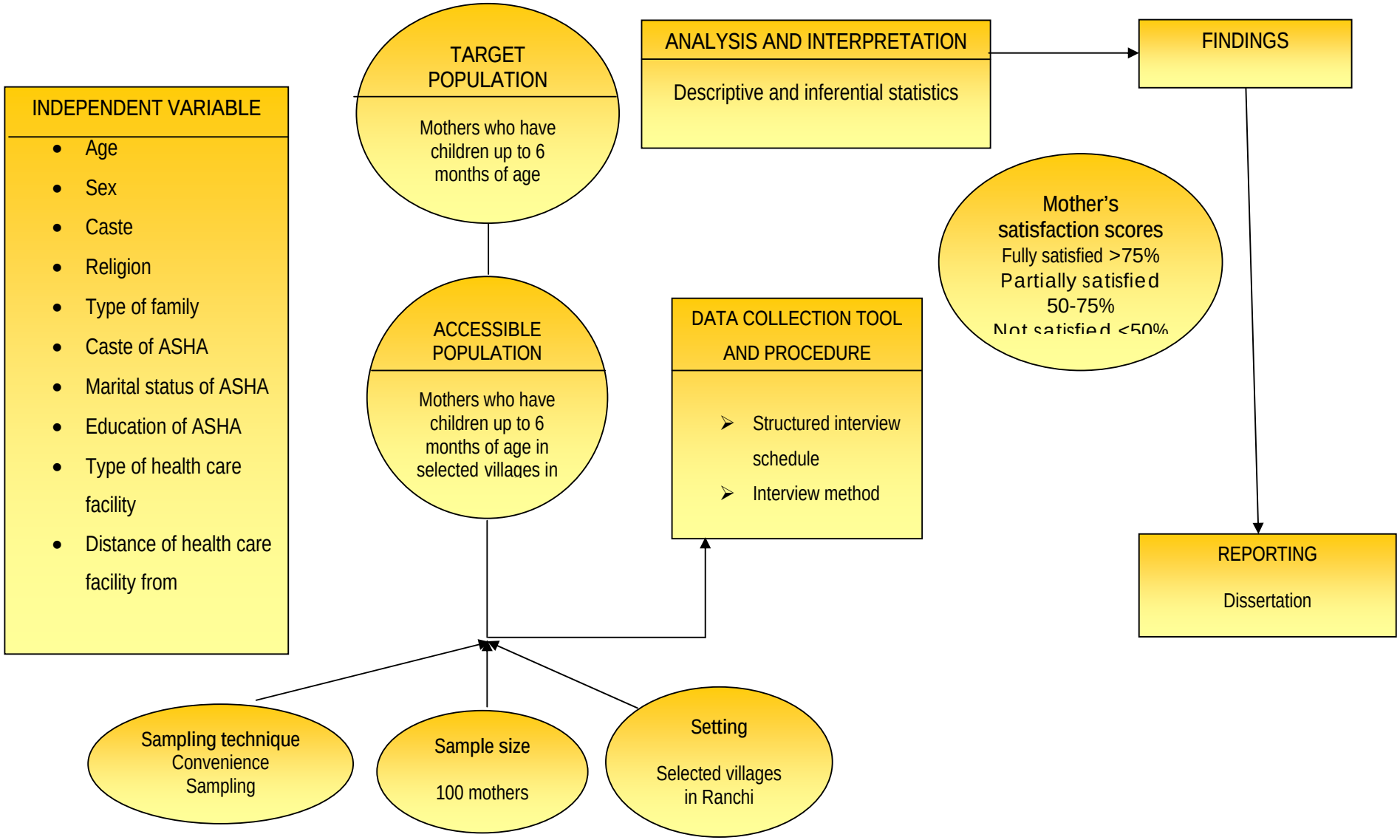

FIGURE -2 : SCHEMATIC REPRESENTATION OF RESEARCH DESIGN

VARIABLES

The dependent variable in the study was level of satisfaction. The independent variable were background factors such as age, religion, caste, educational status and type of family of mothers, caste, educational status and marital status of ASHA and distance of the health care facility from home and type of health care facility. The inherent variable was various aspects of services rendered by ASHA.

SETTING

Setting is a specific place for conducting the study, done on the basis of feasibility, availability of the subject and permission of the authorities. The present study was conducted in selected 14 villages in Ranchi district, Jharkhand.

POPULATION

The accessible population for the study was mothers who received antenatal services from ASHA in selected villages in Ranchi district.

SAMPLE

It is the process of selecting subjects from a population in order to obtain information regarding a phenomenon in a way that represents the entire population. The study sample of the present study was mothers who had underwent institutional delivery having children up to 6 months of age and those who fulfill the selection criteria.

SAMPLING SELECTION CRITERIA

Selection of sample was done by the following criteria

a) Inclusion criteria

Inclusion criteria are characteristics that each sample element must possess to be included in the sample.

- Mothers who had children up to 6 months of age
- Mothers who were permanent residents of the village covered by ASHA programme
- Both literate and illiterate.

b) Exclusion criteria

Exclusion criteria are characteristic that could confound or contaminate the results of the study therefore such participants are excluded from the study

- Mothers who had not availed any services of ASHA or the JSY benefits.
- Mothers who refused to participate in the study.
- Mothers who delivered at home.

SAMPLE SIZE

The sample size of the present study was arbitrarily decided to be 100 mothers who had received antenatal services through ASHA.

SAMPLING TECHNIQUE

In the present study convenience sampling was used. Convenience sampling is a non probability method in which the sampling units are selected because they are available to the

investigator at the time of data collection. The mothers who received antenatal services from ASHA in selected villages in Ranchi and who were available at the time of data collection period were included in the study.

DESCRIPTION OF THE TOOL

A structured interview questionnaire consists of two sections.

Interview schedule was used to get exact and complete information from the subjects .It was felt that face to face contact would encourage the person to give free and frank information regarding their level of satisfaction regarding antenatal services. A structured interview schedule was prepared after a careful and detailed review of literature and discussion with experts. The average time taken to respond one questionnaire was 20 minutes. Instruction to the respondent was adequately stated.

Part I: Background factors

It consisted of 10 items seeking general information such as age, religion caste, educational status and type of family of mothers, caste, educational status and marital status of ASHA and distance of the health care facility from home and type of health care facility.

Part II: Interview scheduled on mother's level of satisfaction

Mothers level of satisfaction was assessed on six various aspects like identification, health information, assistance in clinic and medication, assistance regarding benefit, transportation and emotional care.

SCORING

The level of satisfaction was measured on a 3 point scale namely fully satisfied, partially satisfied and not satisfied. Mother's satisfaction regarding services was measured in terms of mother's satisfaction score. The maximum score was 84 and minimum score was 28. The level of satisfaction was graded by mothers themselves as fully satisfied=3, partially satisfied =2 and not satisfied=1.

For the purpose of the study the level of satisfaction was classified into

- Fully satisfied – satisfaction score above 75%
- Partially satisfied – satisfaction score between 50-75%
- Not satisfied - satisfaction score below 50%

CONTENT VALIDITY

The entire tool was validated by 6 experts including three nursing experts and three public health medical experts. After incorporating the suggestions according to the expert's opinion the tool was translated to Hindi by 3 language experts and the tool was retranslated to English, there by language validity was ascertained for its clarity and understanding. Items with 100% agreement were included in the tool. The tool was evaluated for its adequacy, comprehension, simplicity, efficiency and relevance.

TRY OUT

Individual consent was taken from 10 mothers. The tool was administered, checked for its feasibility, language and appropriateness. The subjects chosen were similar in characteristics to those of population under study. The average time taken to administer the structured interview schedule was 20 minutes. It was found that the items were clear and understandable to the mothers.

RELIABILITY

- The reliability of the instrument was established by inter rater reliability.
- The instrument was administered to 10 individual simultaneously by 1 nursing personnel and the tool was found to be reliable for the study. The obtained reliability co-efficient r=0.90 was high.

PILOT STUDY

For the pilot study the investigator conveniently selected 10 mothers. After getting the consent from each individual and administrative approval from authorities, interview was conducted using structured interview schedule. The samples included in the pilot study were excluded from the main study.

Feasibility of the study in terms of time, availability of samples, cooperation of the mothers, clarity of the tool and appropriateness of the setting were established. The findings of the data helped to identify the type of statistical tests to be employed.

DATA COLLECTION PROCEDURE

Talbot (1995) defined that data collection is gathering of information from the sampling units. The investigator collected the data from selected villages in Ranchi district after the formal approval of the director of Child In Need Institute(CINI) which is the key organization for ASHA training , monitoring and evaluation and from consultant of State Health Resource Center(SHRC) of NRHM . Data were collected for specified 4 weeks. Consent and cooperation of the ASHA supervisors and block link workers was taken. The lists of mothers were obtained from block link workers. There was an average of 4-6 mothers in each village. Mothers were selected according to convenience sampling technique using sample selection criteria. Each mother was contacted personally and confidentiality was assured to the mother. The purpose

of the study was explained, informed consent was obtained. Data was collected using interview method. Each question along with the responses was posed one by one. The most appropriate response agreed by the patient was marked then and there. The tool was verified for completion and coded.

PLAN FOR DATA ANALYSIS

A research study is no better than the quality of the analysis plans for the analysis of data must be made prior to the collection process and should include the formats to be used in the presentation of the data.

The data analysis was planned to include descriptive and inferential statistics

1. Frequency and percentage distribution was used to describe background information
2. Frequency and percentage distribution was used to assess the level of satisfaction regarding nursing care.
3. Chi square test was used to find out association between level of satisfaction and background factors.

ETHICAL CONSIDERATION

For the present study, the investigator took into consideration the ethical issues. The study was accepted by the research committee. Prior permission was obtained from higher authorities of child in need (CINI) organization, which trains, monitors and evaluates NRHM in Jharkhand and consultant of state health research center. Explanation regarding the purpose of the study was done and a signed informed consent was obtained from the study subjects.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

Polit and Hungler (2004), defines analysis as the method of organizing data in such a way that the research question can be answered. Interpretation is the process of making sense of the result and of examining the implication of the finding within a broader content.

The analysis and interpretation of data of this study is based on the data collected from the mothers. The data was edited, tabulated and analyzed in SPSS version 17. A probability value of less than 0.05 was considered to be significant. Findings were presented in the form of tables and diagrams.

OBJECTIVES OF THE STUDY

1. To determine the level of satisfaction of mothers regarding antenatal services provided by ASHA
2. To find the association between the level of satisfaction among mothers and their selected demographic factors.

The data analyzed were collected, edited, tabulated, analyzed, interpreted and the findings presented in the form of tables under the following section:

Section – I : Data on background factors of the mothers who had received antenatal services through ASHA.

Section – II : Data on level of satisfaction of mothers regarding antenatal services provided through ASHA.

Section – III : Data on association between level of satisfaction and selected background factors of mothers.

SECTION – I: DATA ON BACKGROUND FACTORS OF MOTHERS WHO RECEIVED ANTENATAL SERVICES FROM ASHA

TABLE -1

Frequency and percentage distribution of mothers according to their background factors

N=100

Back ground factors	Frequency	Percentage
Age		
<20	25	25%
21-30	72	72%
31 and above	3	3%
Religion		
Hindu	73	73%
Muslim	17	17%
Christian	4	4%
Others	6	6%
Caste		
Scheduled caste	21	21%
Scheduled tribe	35	35%
Other backward classes	33	33%
General	11	11 %
Educational status		
Literate (can read and write)	63	63%
Illiterate (cannot read and write)	37	37%

Back ground factors	Frequency	Percentage
Type of family		
Nuclear	27	27%
Joint	67	67%
Extended	6	6%
Caste of ASHA:		
Same caste	39	39%
Other scheduled caste	23	23%
General caste	16	16%
Other backward class	22	22%
Marital status of ASHA:		
Married	96	96%
Divorced	4	4%
Widow	0	0%
Unmarried	0	0 %
Educational status of ASHA:		
Up to 8th class	40	40%
No education	19	19%
Secondary education	38	38%
Higher secondary and above	3	3%
Distance from home to the health care facility		
Less than 1 km	28	28%
1 to 10 km	62	62%
Above 10 km	10	10%
Type of health care facility		
Primary health centre	60	60%
Sub centre	23	23%
Government hospital	15	15%
Private institution	2	2%

Table -1 reveals the data on background factors of mothers who received antenatal services from ASHA

Majority of the mothers were in the age group of 21-30 years 72(72%); were Hindu73 (73%); belonged to scheduled tribe35 (35%); were literate 63(63%); and from joint family 67(67%).

Majority of the ASHA were of same caste 39(39%); and were married 96(96%); and had education up to 8th class 40(40%).

Majority of the mother's homes were 1-10 kms away from the health care facility 62(62%) and were going to primary health centers 60(60%).

It is inferred that majority of the mothers were in the age group of 21-30 years ; were Hindu; belonged to scheduled tribe; were literate ;and from joint family. Majority of the ASHA were of same caste, were married and had education up to 8th class. Majority of the mother's homes were 1-10 kms away from the health care facility and were going to primary health centers.

SECTION II : DATA ON LEVEL OF SATISFACTION REGARDING ANTENATAL SERVICES AMONG THE MOTHERS

Figure 3 explains the level of satisfaction of mothers regarding antenatal services provided through ASHA.

Majority of the mothers were fully satisfied, 86(86%) and least were not satisfied1 (1%). It is inferred that majority of the mothers were fully satisfied.

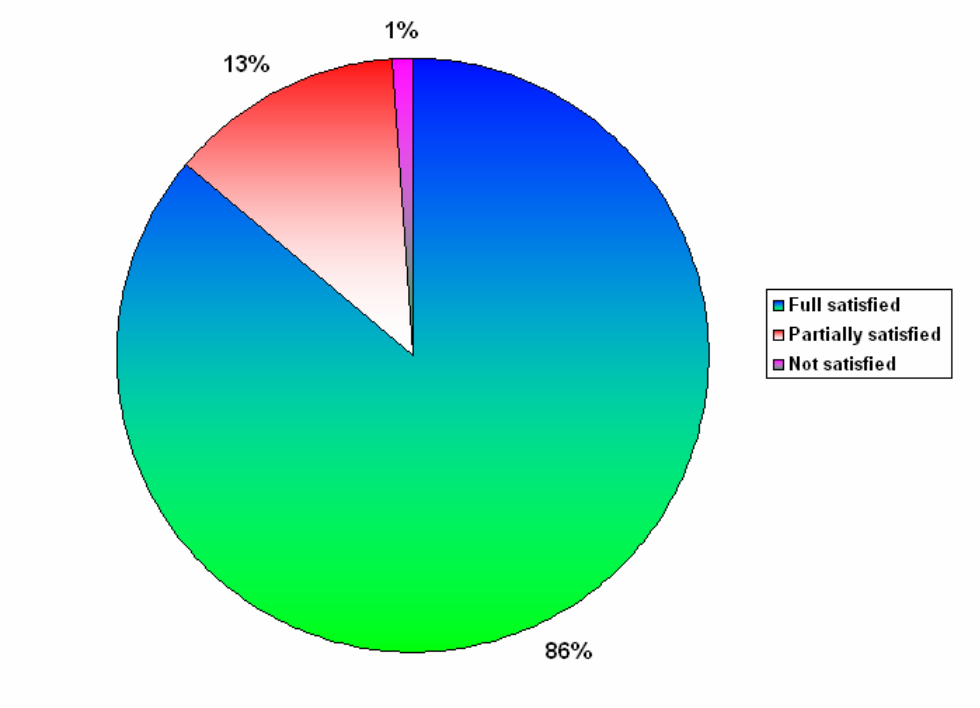

Fig. 3: PERCENTAGE DISTRIBUTION OF MOTHERS ACCORDING TO LEVEL OF SATISFACTION REGARDING ANTENATAL SERVICES PROVIDED THROUGH ASHA

Figure 4 reveals the Frequency and percentage distribution of Level of satisfaction of mothers according to various aspects of antenatal services provided through ASHA.

Majority of the mothers were fully satisfied regarding aspects like identification 84(84%), health information 83(83%), assistance in clinic and medication 53(53%), transportation 74(74%) and emotional care 72(72%)

However majority of the mothers were partially satisfied regarding assistance to benefits 65(65%).Few mothers were not satisfied regarding transportation 19(19%), emotional care 18(18%) and assistance for benefits 11(11%).

It is inferred that majority of the mothers were fully satisfied regarding different aspects of antenatal services like identification , health information , assistance in clinic and medication, transportation and emotional care . And majority were partially satisfied regarding assistance for benefits

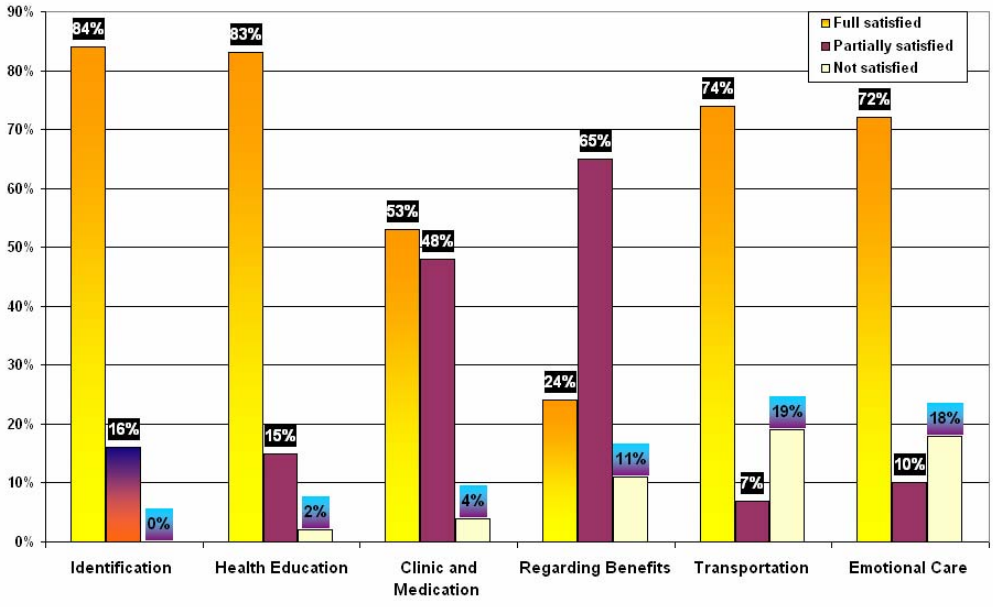

Fig.. 2: FREQUENCY AND PERCENTAGE DISTRIBUTION OF LEVEL OF SATISFACTION OF MOTHERS ACCORDING TO VARIOUS ASPECTS OF ANTENATAL SERVICES PROVIDED THROUGH ASHA

SECTION III: DATA ON ASSOCIATION BETWEEN LEVEL OF SATISFACTION AND SELECTED BACKGROUND FACTORS OF MOTHERS

For the purpose of the study the following null hypothesis were generated to test the association between level of satisfaction and selected background factors.

H_{01} : There will be no significant association between the level of satisfaction and selected background factors of mothers who received antenatal services through ASHA.

TABLE – 2

Associations between level of satisfaction and selected background factors of mothers

(N = 100)

Background factors	Level of satisfaction			
	Not satisfied	Partially satisfied	Fully satisfied	Chi-square
Age				X^2=.04
<20	0	4	21	P=903
21-30	1	9	62	Not
31 and above	0	0	3	significant
Religion				
Hindu	1	10	62	X^2=2.244
Muslim	0	3	14	P= .896
Christian	0	0	4	Not
Others	0	0	6	significant

Background factors	Level of satisfaction			
	Not satisfied	Partially satisfied	Fully satisfied	Chi-square
Caste				X^2=4.053
Schedule Caste	0	1	20	P=.669
Schedule tribe	1	6	28	Not
Other background classes	0	5	28	significant
General	0	1	10	
Educational status				X^2=2.335
Literate	0	7	56	P=.311
Illiterate	1	6	30	Not
				significant
Type of family				X^2=.690
Nuclear	0	4	23	P=.953
Joint	1	8	58	Not
Extended	0	1	5	significant
Caste of ASHA:				
Same caste	0	3	36	X^2=14.290
Other scheduled caste	0	3	20	P= .027
General caste	0	0	16	Significant
Other backward class	1	7	12	
Marital status of ASHA				
Married	1	13	82	X^2=.678
Divorced	0	0	4	P=.712
Widow	0	0	0	Not
Unmarried	0	0	0	significant

Background factors	Level of satisfaction			
	Not satisfied	Partially satisfied	Fully satisfied	Chi-square
Educational status of ASHA				X^2=8.268 P=.219 Not significant
Up to 8th class	0	3	37	
No education	0	1	18	
Secondary education	1	9	28	
Higher secondary and above	0	0	3	
Distance from home to the health care facility				X^2=6.589 P=.159 Not significant
Less than 1 km	0	0	28	
1 to 10 km	1	11	50	
Above 10 km	0	2	8	
Type of health care facility				X^2=16.960 P=.009 Significant
Primary health centre	1	9	50	
Sub centre	0	2	21	
Government hospital	0	0	15	
Private institution	0	2	0	

Table -2 reveals association between level of satisfaction and selected background factors of mothers.

There was significant association between level of satisfaction of mothers and caste of ASHA (same caste), X^2=14.290(P=027) and type of health care facility, X^2=16.960 (P=.009).

It is inferred that there is significant association between the level of satisfaction of mothers and caste of ASHA (same caste) and type of health care facility.

CHAPTER – V

SUMMARY, FINDINGS, DISCUSSION, IMPLICATION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

The essence of any research project lies in reporting and findings. This chapter deals with the Summary, findings, discussion, implication, limitations, conclusion and recommendations.

SUMMARY

In the present study, the investigator aimed to assess the level of satisfaction regarding antenatal services rendered by ASHA among mothers who received the services.

The objectives of the study were,

1. To determine the level of satisfaction of mothers regarding antenatal services provided through ASHA
2. To find the association between level of satisfaction and selected demographic variables.

The study attempted to examine the following research hypothesis;

H_1 : There will be a significant association between the level of satisfaction and the selected Background factors of mothers who received antenatal services through ASHA.

The review of literature enabled the investigator to develop conceptual frame work, tool and methodology for study. The review of literature was presented under two sections; studies related to maternal health and services and role of ASHA in maternal health services.

The conceptual framework adopted for the study was based on Donabedian's frame work which is widely used for evaluating the health programs using the components of structure process and outcome.

The dependent variable in the study was level of satisfaction. The associate variable were background factors such as age, religion, caste, educational status and type of family of mothers, caste, educational status and marital status of ASHA and distance of the health care facility from home and type of health care facility. The inherent variable was various aspects of services rendered by ASHA

The tool developed and used to collect data was interview schedule. The content validity of the tool was established by six experts. The reliability of the tool was established by inter-rater reliability, computed reliability coefficient r=0.90 was high. Pilot study was conducted in Namkum block in Ranchi and study was found to be feasible.

The main study was conducted in selected villages in Ranchi district. Prior permission of the authorities was obtained. Individual written consent was taken from individual sample. The study samples were selected by convenience sampling method based on sample selection criteria.

A total of 100 mothers were selected and interview schedule was administered. The average time taken for one interview was 15-20 minutes. Each question along with the responses was posed one by one. The most appropriate response agreed by the patient was

marked then and there. The collected data was analyzed and interpreted based on objectives using SPSS package at 0.05 level of significance.

CHARACTERISTICS OF THE STUDY SAMPLES

The majority of the mothers were between the age group 21-30 years 72(72%), were literate 63(63%), were Hindu 73(73%), belonged to scheduled tribe 35(35%), from joint family 67(67%).

The majority of the mothers were served by ASHA of same caste 39(39%), were married 96(96%), who had their education up to 8th class 40(40%).The majority of the mothers availed the services from PHC 60(60%) and their homes were 1-10 kms away from the health care center 62(62%).

FINDINGS

- The findings of the study are arranged based on the objectives of the study.

Objective 1: To determine the level of satisfaction of mothers regarding antenatal services provided by ASHA.

- Majority of the mothers were fully satisfied 86(86%) regarding antenatal services provided through ASHA.
- 13(13%) of mothers were partially satisfied and 1(1%) was not satisfied.
- Regarding different aspects of services mothers were fully satisfied on aspects like identification 84(84%0, health information 83(83%), assistance in clinic and medication 53(53%), transportation 74(74%) and emotional care 72 (72%). Also majority reported partially satisfied on assistance to benefits 65(65%).

Objective 2: To find the association between level of satisfaction and selected background factors of mothers

- There was significant association between caste of ASHA, X^2 =14.290(p<.05) and type of health care facility X^2= 16.96(p<.05) and level of satisfaction of mothers who received antenatal services through ASHA.

DISCUSSIONS

The discussions were based on the findings of the study.

Finding 1: Finding on level of satisfaction of mothers.

- Majority of the mothers were fully satisfied 86(86%) regarding antenatal services provided through ASHA.
- 13(13%) of mothers were partially satisfied and 1(1%) was not satisfied.
- Regarding different aspects of services mothers were fully satisfied on aspects like identification 84(84%0, health information 83(83%), assistance in clinic and medication 53(53%), transportation 74(74%) and emotional care 72 (72%). Also majority reported partially satisfied on assistance to benefits 65(65%).

The above finding were supported by relative studies done by Nandan et al(2007) to measure the implementation status of the ASHA programmes in Jharkhand ,about 88.6 percent of women received ANC during last pregnancy; 86 percent of them registered with ANMs and around 89 percent of received TT during her antenatal check-ups. Bella et al (2007) did a study to find out the effectiveness of JSY program in Rajasthan, ASHAs accompanied 18 percent of the women to the health institution for delivery. Out of the 31 JSY beneficiaries accompanied by ASHA, most (90 percent) said that the presence of ASHA facilitated in

obtaining services at the place of delivery. They helped in expediting registration and other administrative activities, spoke to the medical personnel, and helped in getting JSY cash incentive, besides psychological and moral support

Finding 2: Findings related to the significant association between level of satisfaction and selected backgrounds.

- There is significant association between caste of ASHA, X^2=14.290(p=.027) and type of health care facility X^2 16.960(p=.009).

The above findings were supported by similar studies conducted by Sugathan et al (2001) to examine the role of existing antenatal-care services in promoting institutional delivery in rural areas of four Indian states. Given that distance to a hospital does not have a significant effect on institutional delivery, it may not be necessary to create new hospitals (at least not for the purpose of encouraging institutional delivery), but rather to focus on expanding the availability and quality of services at existing facilities. Kumar et al (2009) conducted a study in the State of Uttar Pradesh and found out that service delivery capacity of the public health system has increased at each level. The maximum improvement is found at the PHC (129%) level followed by almost similar increase (86%) at the district and CHC level.

IMPLICATIONS

The study had implications for community health nursing practice, nursing education, nursing administration and nursing research.

Implications for community health nursing practice

- Community health nurses should encourage and support the services of ASHA as they are well accepted by the community.

- Community health nurses should be resource personnel for ASHA giving constant training and supervision
- Community health nurses should train ASHAs to emphasize on emotional aspects while providing services to the beneficiaries.
- Constrains regarding transportation and services regarding benefits should be given due consideration
- PHCs and subcenters should be upgraded and strengthened to provide better health services for the community.
- Casteism is a social evil but in caste sensitive areas such considerations should be given to achieve health goals if it is inevitable.

Implications for nursing research

- The study helps the investigator for extension of specialized knowledge regarding delivery of health services under NRHM.
- Similar study can be conducted on level of satisfaction of beneficiaries regarding other aspects of services rendered by ASHA in different settings.
- Studies like this provide constant performance evaluation of ASHA.
- Studies like this helps to find the satisfaction of beneficiaries who receive services since client satisfaction is a major consideration in quality assurance even in public health services.

LIMITATIONS

1. The study used convenience sampling method which can minimize generalization.
2. The study was limited to assess the mother's level of satisfaction on antenatal care only.
3. The study was limited to mothers who had normal delivery only.
4. The study was limited to selected villages in Ranchi district only.

RECOMMENDATIONS

1. A similar study can be conducted on a large sample size.
2. A similar study can be done on other aspects of services rendered by ASHA.
3. Studies can be done related to ASHA and vital statistics and other health outcome indicators.

CONCLUSION

The following conclusions were drawn from the study

Majority of the mothers were fully satisfied regarding the antenatal services rendered by ASHA. It shows that ASHA has a significant role in delivering health services to the community under the National Rural Health Mission. There is a significant association between caste of ASHA and type of health care facility and level of satisfaction of mothers who received antenatal services through ASHA.

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APPENDIX – I

LETTER SEEKING PERMISSION FOR CONTENT VALIDITY

From,

30093632

II year M.Sc (Nursing),

Annai J K K Sampoorani Ammal College of Nursing

Komarapalayam,

Namakkal district.

To,

Through

The Dean,

Annai J K K Sampoorani ammal College of Nursing,

Komarapalayam,

Namakkal District.

Respected Madam/sir

Sub: Letter requesting consent to validate the tool.

I am 30093632, II year M.Sc., Nursing student of Annai JKK Sampoorani Ammal College of Nursing Komarapalayam, under the Tamil Nadu Dr. M G R Medical University, Chennai.

As a partial fulfillment of M.Sc Nursing Programme, I am conducting "A study to assess the level of satisfaction among the mothers regarding antenatal services provided through ASHA in selected villages in Ranchi". Herewith I am sending the tool for content validity for your expert opinion. I humbly request yourself to spare a little of your valuable time for me which I remain ever grateful to you.

Thanking you

Place: Komarapalayam, Yours sincerely

Date: (30093632)

APPENDIX – II

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tool of 30093632, II M.Sc (Nursing), student who is undertaking research on "A study to assess the level of satisfaction among the mothers regarding antenatal services provided through ASHA in selected villages in Ranchi"

Place: Komarapalayam Signature of the expert

Date: Designation

APPENDIX – III

LIST OF EXPERTS

1. DR .SURANJEEN PRASAD
   Coordinator
   Child in need institute (CINI)
   Ranchi

2. MR.V.RAMAN
   Consultant
   State health resource centre (SHRC)
   ICCHN, ranchi

3. DR .SWAPNA SURENDRAN
   MPH (Columbia university)
   Research and evaluation coordinator
   CINI , Ranchi

4. Dr.TAMIL MANI
   Principal
   Annai JKK Sampooraani Ammal college of nursing
   Nammakkal

5. Mrs .PANDIMA DEVI
   Professor
   Annai JKK Sampooraani Ammal college of nursing
   Nammakkal

6. Ms KAVITHA
   Professor
   Annai JKK Sampooraani Ammal college of nursing
   Nammakkal

APPENDIX – IV

STRUCTURED INTERVIEW SCHEDULE ON SATISFACTION REGARDING ANTENATAL SERVICES PROVIDED THROUGH ASHA

PART I – BACKGROUND FACTORS

CODE NO ……..

INSTRUCTIONS

The following items require information regarding patient. The investigator is requested to pose the questions and response one by one and complete the section by marking (✓) in the appropriate choice as responded by the client.

Factors regarding the mother

1. Age
   a) <20 ☐
   b) 21-30 ☐
   c) 31 and above ☐

2. Religion
   a) Hindu ☐
   b) Muslim ☐
   c) Others ☐

3. Caste
   a) Scheduled caste ☐
   b) Scheduled tribe ☐

c) Other backward classes ☐

d) General ☐

4. Educational status

a) Literate (can read and write) ☐

b) Illiterate (cannot read and write) ☐

5. Type of family

a) Nuclear ☐

b) Joint ☐

c) Extended ☐

Factors related to ASHA who rendered the services.

6. Caste of ASHA:

a) Same caste ☐

b) Other scheduled caste ☐

c) General caste ☐

d) other backward class ☐

7. Marital status of ASHA:

a) Married ☐

b) Divorced ☐

c) Widow ☐

d) Unmarried ☐

8. Educational status of ASHA:

a) Up to 8th class ☐

b) No education ☐

c) Secondary education ☐

d) Higher secondary and above ☐

Factors related to accessibility of services

9. Distance from home to the health care facility

a) Less than 1 km ☐

b) 1 to 10 km ☐

c) Above 10 km ☐

10. Type of health care facility

a) Primary health centre ☐

b) Sub centre ☐

c) Government hospital ☐

d) Private institution ☐

PART 2 – MOTHER'S SATISFACTION ON ANTENATAL SERVICES PROVIDED BY ASHA

Introduction

The following items in this section seek mother's satisfaction on antenatal services given on selected areas. There is no write or wrong choice. Interviewer throws the question one by one to the client. The respondent gives the response regarding activities whether done or not done. Also gives the satisfaction as fully satisfied or partially satisfied and not satisfied.

SI NO	ANTENATAL SERVICES	STATUS		SATISFACTION		
				Fully satisfied	Partial satisfied	Not satisfied
		Done	Not Done	3	2	1
1	IDENTIFICATION & RETAINING 1) Identified you as an expectant mother. 2) Helped you in getting your antenatal registration done. 3) Helped you in filling maternal and child card on registration 4) Informed expected date of delivery					
2	HEALTH ADVICES GIVEN BY ASHA 1) Importance of visiting doctor for					

SI NO	ANTENATAL SERVICES	STATUS		SATISFACTION		
				Fully satisfied	Partial satisfied	Not satisfied
		Done	Not Done	3	2	1
	check up 2) Importance of getting TT injections 3) Importance of consuming iron and folic acid tablets 4) Importance of consumption nutritious food 5) Danger signs during pregnancy.(e.g.:- Severe head aches, Dizziness, Blurring of vision, Convulsion, Bleeding, Fever and chills, High blood pressure, and Anemia) 6) To seek only medical help during any of these complications					

SI NO	ANTENATAL SERVICES	STATUS		SATISFACTION		
				Fully satisfied	Partial satisfied	Not satisfied
		Done	Not Done	3	2	1
	7) Importance of institutional delivery 8) To start breast feeding immediately. 9) Importance of Family planning 10) Importance of general health during pregnancy 11) Explained cash assistance benefits for institutional delivery					
3	ASSISTING IN CLINIC AND MEDICATION 1. Helped you in receiving 3 ANC check-ups 2. Helped you in getting TT injections 3. Helped you regarding IFA tablets 4. Helped you in getting nutritional supplement from anganwadi					

SI NO	ANTENATAL SERVICES	STATUS		SATISFACTION		
				Fully satisfied	Partial satisfied	Not satisfied
		Done	Not Done	3	2	1
	5. Helped you in family planning					
4	ASSISTANCE FOR BENEFITS 1. Called you to attend monthly health day 2. Identified a health centre for referral and delivery 3. Helped you regarding the JSY benefit.					
5	TRANSPORTATION 1. Helped in arranging transport for the mother to come to the health centre. 2. Accompanied you to the facility during the time of delivery.					
	EMOTIONAL CARE 1) Motivated your family to					

SI NO	ANTENATAL SERVICES	STATUS		SATISFACTION		
				Fully satisfied	Partial satisfied	Not satisfied
		Done	Not Done	3	2	1
	support you during delivery 2) Provided emotional support during your stay in the health centre 3) Appreciated you for choosing the institution for delivery					

APPENDIX – V

uEufyf[kr phtsa tks ejht ds tkudkjh ds fy, t:jr gS

fufj{kd ls vuqjks/k gS fd viuk loky ,d&,d djds lkeus yk;s vkSj bl [k.M dks iwjk djus ds fy, lgh ¼✓½ fpUg yxk;saA

ek¡ ds lEca/k esa fuekZ.k dk;Z

1- mez % d- < 20

% [k- 21 & 30

x- 31 vkSj mlls Åij

2- /keZ % d- fgUnw

% [k- eqfLye

% x- bZlkbZ

?k- fl[k

M-+ tSu

p- vU;

3- tkfr % d- vuqlwfpr tkfr

[k- vuqlwfpr tutkfr

x- vU; fiNM+k tkfr

?k- lkekU;

4- f’kf{kr ;ksX;rk % d- ¼i<+ vkSj fy[k lduk½ f’kf{kr

[k- ¼i<+ vkSj fy[k ugha lduk½

vui<+

5- ifjokj dk izdkj % d- ,dy ifjokj

[k- la;qDr ifjokj

x- foLr`r

vk'kk dkjd laca/k fuekZ.k dk;Z

6- tkfr vk’kk dk % d- ,d tkfr

[k- nwljk vuqlwfpr tkfr

x- lkekU; tkfr

?k- dksbZ tkudkjh ugha

7- vk'kk dk fookg lacaf/kr fooj.k

d- fookfgr

[k- rykd’kqnk

x- fo/kok

?k- vfookfgr

8- f'k{kk lacaf/kr fooj.k % d- vkBoha d{kk rd

[k- vf’kf{kr

x- ek/;kfed f’k{kk

?k- mPp f’k{kk vkSj mlls vf/kd

9- ?kj ds LoLFk lqfo/kk dh nwjh

d- ,d fd-eh- ls de

[k- ,d ls nl fd-eh-

x- nl ls T;knk

10- LoLFk lqfo/kk ds izdkj

d- LoLFk dsUnz

[k- mi dsUnz

x- ljdkjh vLirky

?k- futh laLFkku

Hkkx 2 & ek¡ dh larqf"V js[kk

l [k.M esa 'kkfey fuEufyf[kr oLrq,a tks ejht dh larq"Vh ds fy, uflZax ds fy, uflZax lsok, pquh xbZ bykdks esa nh xbZ gSA blesa dkbZ lgh vkSj xyr ugha gSA ufj{kd eqofDy ds lkeus ,d&,d djds viuk loky is'k djsaA eqofDy mu dk;Z esa tokc ns tks fd;k gS vkSj ugha fd;k gSA tokc nsus okyk viuk tokc tkfgj dj ldrk gS tlS & iw.kZ larq"V] vk/kk larq"V vkSj ugha lrq"VA

tUe ls igys lsok;sa	izfØ;k;sa		larqf"V dh lsok		
	fd;k	ugha fd;k	iw.kZ larq"V	vk/kk larq"V	ugha larq"V
igpku vkSj vf/kdkj 1- vk'kkoknh ek¡ dh igpku 2- tUe ls igys ukekadu i= ikus esa lg;ksx djuk 3- ukekadu i= ¼ek¡ vkSj cPpk½ esa Hkjus ds fy, lg;ksx djukA 4- izlo dh lgh rkjh[k crkuk					
vk'kk ds }kjk fn;k tkus okyk LokLF; tkudkjh vkSj lq>ko 1- tkap ds fy, MkWDVj ds ikl tkus dk egRo					

2- Vh-Vh- batsD'ku ysus dk egRo 3- vk;ju vkSj QkWfyd ,flM VscysV ysus dk egRo 4- ikSf"Vd vkgkj ysus dk egRo 5- izlo ds nkSjku vkus okys [krjukd fpUg tSls & vlguh; lj nnZ] pDdj vkuk] /kqU/kykiu fn[kuk] fejxh] [kwu cguk vkfnA					
cq[kkj vkSj BaM yxuk mPp jDrpki 6- bu lkjs f'kdk;r ds vius ij dsoy vLirky esa gh tkap djuk 7- laLFkku esa izlo djokus dk egRo 8- rqjUr Lruiku 'kq: djuk 9- ifjokj fu;kstu ds ckjs esa crkuk 10- xHkkZoLFkk esa LokLF; dk [;ky j[kuk 11- laLFkku esa					

izlo djokus ls iSls ds ykHk ds ckjs esa crkuk					
dsUnz vkSj nok[kkuk esa lgk;rk aaaa3 ,-,u-lh- tkap ysus ds fy, enn djuk 1- VhVh batsD'ku ysus esa lg;ksx djuk 2- vk;ju vkSj QkWfyd ,flM VscysV ysus esa lg;ksx djuk 3- vkaxuckM+h ls ikSf"Vd vkgkj ysus esa lg;ksx djuk 4- ifjokj fu;kstu djus esa lgk;rk djuk					
lgk;d ds fy, lqfo/kk 1- ekfld LokLF; fnol ds fnu cqykuk 2- izlo ds fy, laLFkku ds ckjs esa tkuuk 3- ts-,l-okbZ- }kjk enn fd;k					

ifjogu 1- ekrk dks LokLF; dsUnz esa ykus ds fy, ifjogu dh O;oLFkk esa enn djuk 2- izlo ds le; lqfo/kk dh O;oLFkk djuk					
HkkoukRed ns[kHkky 1- izlo ds nkSjku vkids ifjokj ds }kjk vkidks leFkZu nsus ds fy, ifjokj dks izksRlkfgr djukA 2- LokLF; dsUnz esa jgrs le; HkoukRed lgk;rk djukA 3- izlo ds nkSjku laLFkk dks pquus ds fy, vkidks izksRlkfgr djukA					

APPENDIX – VI

ABSTRACT

"A study to assess the level of satisfaction among the mothers regarding antenatal services provided through ASHA in selected villages in Ranchi' was undertaken by 30093632 as a partial fulfillment of the requirement for the award of the Degree of Master of science in nursing at Annai J.K.K.Sampoorani Ammal College of Nursing, under Tamilnadu Dr.M.G.R University during the year June 2010-2011.

The objectives of the study were 1. To determine the level of satisfaction of mothers regarding antenatal services provided by ASHA. 2. To find the association between the level of satisfaction among mothers and their selected demographic factors.

The hypothesis formulated were H_1 – There will be a significant association between the level of satisfaction and selected background factors. The review of literature enabled the investigator to develop conceptual frame work, tool and methodology for study. The review of literature was presented under two sections; studies related to maternal health and services and role of ASHA in maternal health services.

The conceptual framework adopted for the study was based on Donabedian's frame work. The tool developed and used to collect data was interview schedule. The content validity of the tool was established by six experts. The reliability of the tool was established by inter-rater reliability, computed reliability coefficient r=0.90 was high. Pilot study was conducted in Namkum block in Ranchi and study was found to be feasible. The main study was conducted among 100 mothers in selected villages in Ranchi district. The data gathered were analysed by using SPSS, version 17.The interpretation was made on the basis of objectives of the study.

The findings of the study showed that Majority of the mothers were fully satisfied regarding the antenatal services rendered by ASHA and there was a significant association between level of satisfaction and caste of ASHA (same caste) and type of health care facility.

The study concluded t that ASHA has a significant role in delivering health services to the community under the National Rural Health Mission. Community health nurses should take effective participation in guidance, training and performance evaluation of ASHAs.